

pain (LBP) [2]. To date, it remains unclear whether patients should better focus on the seat (of interest ergonomic seat) or the posture (standing straight).

Objective.— The objective of this work is to measure changes in the lombopelvic sagittal alignment induced by sitting and posture compared with standing position in two populations (LBP patients and healthy subjects).

Patients and method.— Four radiographs (sagittal plane) on classic chair or ergonomic in erect or released posture were compared with 1 radiograph in standing in 10 chronic LBP and 10 matched controls. The dependent variables — pelvic incidence, sacral slope, pelvic tilt, lumbar lordosis — were measured by two independent blinded observers.

Expected Results.— We can thus determine the most relevant lombopelvic parameters in four specific sitting positions, the possible correlation with the standing position in both populations, individualize the most pertinent mechanical at-risk situations and eventually propose recommendations for LBP patients.

References

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doi:10.1016/j.rehab.2011.07.269

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Feasibility and safety of epidural injections via the sacrococcygeal hiatus

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Keywords: Epidural injection; Sacrococcygeal hiatus

Introduction and objective.— Epidural corticosteroid injections are used routinely in the treatment of discogenic sciatica. Injections through the sacrococcygeal hiatus are simple, practical, with almost zero risk of post-LP syndrome. In this study, we propose to test the feasibility and safety of blind epidural injections via the sacrococcygeal hiatus.

Patients and methods.— Prospective study of 10 patients with sciatica. The sacrococcygeal hiatus was identified clinically. The presence of reflux of blood or CSF was noted. The immediate tolerance of the gesture was appreciated by a visual analog scale of pain. The occurrence of complications was also evaluated at one week.

Results.— The hiatus was identified successfully in all patients. The average time for completion of the injection was 22.7 ± 12.6 minutes. No reflux of CSF was found. Tolerance was average with 100% acceptability. The difference between the VAS pain before and immediately after the injection was significant ($P = 0.01$). Three episodes of vagal malaise were observed immediately after the injections. No serious complications were observed. Symptoms improved more than 50% in 80% of patients. Injections have been redone in 70% of patients, with over 70% improvement after the third injection.

Conclusion.— Epidural injection via the sacrococcygeal hiatus is a rapid, but painful procedure. No early or late complications have been observed. Our findings corroborate those of the literature concerning the rate of improvement and tolerance.

doi:10.1016/j.rehab.2011.07.270

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Cervical osteoid osteoma

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No abstract provided.

doi:10.1016/j.rehab.2011.07.271

P105–EN

Cervical instability and psoriatic arthritis

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doi:10.1016/j.rehab.2011.07.272

P106–EN

Patient education and low back pain

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Patient education can be defined as a help brought to the patients “to understand the disease and the treatments, collaborate in the care, take care of their health and preserve or improve their quality of life”.

Patient education for low back pain seems to be interesting. The evolution of our knowledge concerning low back pain and the appearance of the “biopsychosocial model” favored the emergence of multidisciplinary programs. We present two programs associating at the same time a rehabilitation intervention and a formalized educational approach, in low back pain.

The patients benefit, at first, from an educational shared assessment during which the objectives are defined with the patient (ex: return to work, return to physical activities, management of the pain, the understanding of the disease.). The program is one (Nîmes) or 3 weeks long (Montpellier). It integrates multidisciplinary workshops (physiotherapist, occupational therapist, doctor, psychiatrist, dietician, nurse, social worker). The educational objectives of workshops are various:

- knowledge: understand low back pain, the treatments and the pathways of the pain;
- know how to do (manage the pain and its treatment, know the back exercises, return to sports activity without apprehension, practical class with overview, know how to compose a well-balanced meal);
- know how to be (to become aware of the importance of the psychosocial factors, to know the personal elements of chronicity of the low back pain, to express one personal perception of the disease and its impact, to have an optimistic attitude, to improve self-confidence and personal body image).

Exchanges, sharing of experience and dialogue, within the group, were also very enriching for the patients. These elements participated in modifying their behavior. Follow-up consultations were also conducted. Achievement of the educational objectives was re-evaluated as well as the difficulties encountered in improving quality of life. Patient satisfaction with this type of care appeared to be very good.

doi:10.1016/j.rehab.2011.07.273